



FW

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/614,665
Filing Date	July 7, 2003
First Named Inventor	LOWREY
Group Art Unit	3661
Examiner Name	B. Broadhead
Attorney Docket Number	0307091.0156

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form

<input checked="" type="checkbox"/> Fee Attached

<input checked="" type="checkbox"/> Amendment / Response

<input type="checkbox"/> After Final

<input type="checkbox"/> Affidavits/declaration(s)

<input type="checkbox"/> Combined Declaration and Power of Attorney

<input type="checkbox"/> Express Abandonment Request

<input checked="" type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/ Incomplete Application

<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)

<input type="checkbox"/> Drawing(s)

<input type="checkbox"/> Declaration of Mailing by Express Mail

<input type="checkbox"/> Petition

<input type="checkbox"/> Petition to Convert to a Provisional Application

<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Request for Refund

<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group

<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences

<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter

<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):

Return Receipt Postcard
IDS References
Form PTO/SB/08 |
|--|---|--|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stephen C. Glazier (Registration No. 31,361) Kirkpatrick & Lockhart LLP
Signature	<i>[Signature]</i>
Date	6 Sep 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 9-6-05

Typed or printed name	SADIE M. BONE		
Signature	<i>[Signature]</i>	Date	9-6-05

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.